| STATEMENT OF ORGANIZATION | | | OFFICE USE ON | |
|---|---|-------------------------------------|--|--|
| Name and Address of Committee | | 2. Date of this Statement | S/n | |
| JUDGE EDWIN A. LOMBARD CAMPAIGN COMMITT | | EE 1/24/2015 | 1/2 | |
| 1615 POYDRAS STREET, SUITE 1250 | | | | |
| NEW ORLEANS, LA 70112 | | 3. Estimated Membership | 2/3 | |
| · | | | | |
| Check If: | | 4. Amended Statement? | | |
| New Committee | Monthly Filer | Yes X No | # 5380 | |
| 5. All Committee Officers and D | frectors (including Chairperson, Treasure | 1 | | |
| a. <u>Name</u> | b. Position | c. <u>Address</u> | , | |
| ALLEN USRY | Chairperson 161 | 5 POYDRAS STREET, SII | ITE 1250 NEW ORLEANS, LA 7011 | |
| | Treasurer | J 101Diaid billibit; 60 | TID 1230 NOW OLDERAN, DATE 1011 | |
| | | | | |
| 6. Affiliated Organizations | | | | |
| (Any organization, other than a political committee, which directly or indirectly established, administers, | | | | |
| a. <u>Name</u> | b. Address | | c. Relationship to Committee | |
| | | | | |
| | | | | |
| 7. All Depositories for Committe funds.) | e Funds (committee funds must be depo | sited in one or more banks or savin | gs and loan institutions or money market mutual | |
| a. <u>Name</u> | b. Address | | | |
| LIBERTY BANK & TRUST PO BOX 60131 NEW ORLEANS, LA 70160 | | | | |
| | | | | |
| O IE TING COMMITTEE OUDD | ODTO A DINOLE GANDIDATE. | eck one: X Princinal Camp | Out-idian | |
| 8. IF THIS COMMITTEE SUPPO Committee | ORTS A SINGLE CANDIDATE: 8. CRE | eck one: A Principal Camp | paign CommitteeSubsidiary | |
| b. Name of Candidate | D A D D | | c. Office Sought by the Candidate | |
| EDWIN A. LOM | DARD | | | |
| 9. a. Name of Person Preparing | Report ALLEN USRY | | | |
| b. Daytime Telephone (504 | A . | | | |
| | | ENT OF ORGANIZATION is true an | nd correct to the best of our knowledge; information | |
| and belief. | | | | |
| This 24th day of J | ANUARY 2015 | · | 1 | |
| | 5 | | 12 | |
| Singaloresis | Mes | | (504) 592-4600 | |
| Signature of Com | mittee Chairperson | Day | time Telephone Number | |
| · | | | | |
| Signature of Com | mittee Treasurer, if any | Day | time Telephone Number | |